## <u>/anderburgh County Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>94/14/11</u>	Address:	36 W EICHEL
Case #:	<u>1</u> 1- <u>6804</u>		E <u>VANSVIIJE,IN</u>
County:	<u>VANDERBURG</u> H		<u>47710</u>
Type of L	aboratory Seizure (check one)	Seizure Location (	check all that apply)
<ul> <li>☐ Operational Lab</li> <li>☐ Chemical/Glassware/Equipment (only)</li> <li>☐ Dumpsite (only)</li> </ul>		Residence Outbuilding Vehicle	Hotel/Motel Open No Structure Other;
(check all t	nd: Location (bedroom, kitchen, open a hat apply) n/Ammonia Reaction(s);	<u>uir, e(c)</u>	
Red Ph	osphorous/Iodine Reaction(s):	-	
⊠ Flamm:	able Solvents: <u>HOUSE</u>		
Water I	Reactive Metal (Lithium): HOUSE		
☐ Hydroc	hloric Acid Gas Generator(s):		
⊠ Anhydr	rous Ammonia: <u>SHE</u> D		
⊠ Corrosi	ve Acid: <u>HOUSE</u>		
⊠ Corrosi	ve Base: HOUSE		
Other (i	item and location):		
☐ Yes _ ☐ No ☐ Childred Living cond Estimated 1	cr age 18 discovered (check appropria (number present)  n not present but evidence they reside ditions of home: clean disarrate glib of time manufacturing had been Information:	or visit often y  unclean	
This repor	t has been faxed to the following ag	encies that serve the	location:
Health Dep	tment: <u>YES</u> partment: <u>YES</u> t of Child Services:	Fax: <u>81243</u> Fax: <u>81243</u> Fax:	555871
For further Investigatin	information regarding this methamph ng Officer: <u>COERGEN</u> Pho	nctamine laboratory, co one 8124367917	ontact

This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.